



Oct 07 2005 2:52PM

Altman & Martin

617-523-1872

p. 1

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Complete and send this form, together with applicable fee(s), to: Mail

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Steven K. Martin

(Depositor's name)

Steve Martin

(Signature)

10/07/2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/719,562	11/20/2003	Patrick J. Ledden	NOVAM40531	3562

TITLE OF INVENTION: METHODS FOR TRANSMIT EXCITATION IN MAGNETIC RESONANCE IMAGING USING A TRANSMIT PULSE WITH TIME VARYING SPATIAL CHARACTERISTICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	10/11/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
ARANA, LOUIS M		2859		324-314000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*1. Altman & Martin**2. _____**3. _____*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLBASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nova Medical, Inc.

Wilmington, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Authorized Signature *Steven K. Martin*

Date 10/07/2005

Typed or printed name Steven K. Martin

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